



Parent/Guardian Email Address: _____

The BEAT Program Registration Form

To register, please complete the following, and return to the front office at Graham Middle School, to the Mountain View Community Center, or to The BEAT staff.

Please print all information. Incomplete forms cannot be processed.

PARTICIPANT'S NAME First and Last	BIRTHDATE MM/DD/YY	SEX M/F	GRADE

PARENT OR REGISTERING ADULT _____ Parent Legal Guardian

First Last

Address _____ City _____ Zip Code _____

Work Phone (____) _____ Cell Phone (____) _____ Home Phone (____) _____

Emergency Information

Person(s) to contact in case of emergency other than the parent/guardian or registrant listed above:

Name _____ Relationship _____ Phone (____) _____

Name _____ Relationship _____ Phone (____) _____

Are the above named authorized to pick up your child from Recreation programs? YES NO

Additional person authorized to pick up your child (if applicable): Name _____ Relationship _____ Phone _____

Is participant taking or on any medication? No _____ Yes _____ If yes, please list: _____

Does participant have any allergies? No _____ Yes _____ If yes, please list: _____

Please list any special needs, health concerns, or suggestions to assist program staff with your child: _____

Homework Rooms

Your teen will have the opportunity to choose between two homework rooms to work on homework in. Together with your student, please choose from the following options. Please read the Homework Assistance section for more information on homework rooms.

_____ I would like my student to work on homework in **ROOM 40 ("CLASSROOM" SET-UP)** everyday.

_____ I would like my student to work on homework in **ROOM 41 ("COFFEE SHOP" SET-UP)** everyday.

_____ My student can choose on their own which room they would like to be in on a day to day basis.

Signing Out Permission

If you allow your child to sign out on their own each day for reasons of walking/riding home or after school sports, please sign the following. **As a reminder, participants may not sign out until 5:45 pm each day. Please see our Stay and Play policy for more information.**

I allow my student to sign out from The BEAT on their own. _____

(Parent Signature)

WAIVER AND RELEASE: In consideration of participation in a class or activity offered by the Recreation Division of the City of Mountain View, I, the below signed, agree to indemnify and hold the City of Mountain View harmless and hereby waive, release and discharge any and all claims for loss or damage, death, personal injury, bodily injury or property damage which I may have or which hereinafter may accrue to me against the City of Mountain View, its City Council, employees, agents and volunteers for any liability arising out of, or connected in any way with, my participation in this class or activity, even though that liability may arise out of negligence or carelessness on the part of the person or entities mentioned above. I understand that accidents and injuries can arise from participation in this class or activity; knowing the risks, nevertheless, I hereby agree to assume those risks on behalf of myself, my heirs and assigns and to release and to hold harmless all of the persons or entities mentioned above who (through negligence or carelessness) might otherwise be liable to me (or my heirs or assigns) for damages. It is further understood and agreed that this waiver, release and assumption of risks has been freely entered into and is to be binding on me and on my heirs and assigns. I have read and agree to the registration and program policies. Further, I agree and grant the City of Mountain View permission to use my and/or my child's photograph or likeness, or that of a pet or personal property, for promotional use in any City-related media. By my signature below, I acknowledge that I have read this document and understand its contents.

Parent/Legal Guardian Signature _____ Date _____